DEPARTMENT OF HEALTH AND HUMAN SERVICES GENTERS FOR MEDICARE & MEDICARD SERVICES		45	7/04/13	FOR	D: 05/24/2013 M APPROVED J. 0938-0391		
STATEMENT OF DEFICIENCES AND PLAN OF CONRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION MUMBER:	OC) MULTIPLE CONSTRUCTION A. BUILDING O1 - MAIN BUILDING O1		(KSI) 54	(X3) DATE STIRVEY COMPLETED	
445238		B. WING			5/20/2013.		
NAME OF PROVIDER OR SUPPLIER			\$1	PRET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	SIZUZUTA.	
LIFE CARE CENTER OF TUILLAHOMA				1715 HJACKSON ST TULLAHOMA, TN 37388			
(X4) ID PREFIX TAG	I EACH SEPICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECIDED BY FULL SO DENTIFYING INFORMATION	PREFEX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-HERBERGHOUS) TO THE APPROVENCY)	ich LD be Priate	COMPLETION DATE	
K 038 \$\$≐D	Exit access is arrang	FETY CODE STANDARD ged so that exits are readily as in accordance with section	K 036	K - 038 A. What corrective action(s) will be accomplished for those residents four been affected: On 5/30/13 the Director of Maintenance signage properly marking the delayed doors in the west wing and the exit to Hospital.	e applied	1	
K 147 ss≔D	Based on observation determined the facility doors. The finding included: Observation and test at 11:41 AM revealed the west wing adjace Harton Hospital, and did not have the proportion finding was was director and acknowle administrator during to 5/20/13. NEPA 101 LIFE SAFE Electrical wiring and ewith NEPA 70, Nation	ing of exit doors on 5/20/13 if the delayed egrees doors in into room 224, at exit to exit adjacent to room 374 er delayed egrees signage. varified by the maintenance exiged by the facility he exit conference on ETY CODE STANDARD equipment is in accordance hall Electrical Gode. 9,1,2 not met as evidenced by: a, it was determined the electrical wiring and	K 147	B. How will you identify other residents having the potential to be affected by the same deficient practice and what action will be taken? On 6/4/13 the Assistant Executive Director of Maintenance and Maintenance Assistate ensure that exit doors of egress maintenance that exit doors of egress maintenance and maintenance and maintenance and maintenance and maintenance that exit doors of egress maintenance that exit doors of egress maintenance and maintenance and maintenance will be put into place what eystematic changes will you make to ensure that the deficient practice will not recur? 1) On 6/3/13 Maintenance Director/Maintenance Assistant complete.	ector ector int to ein e or eted an esure ontinue will be	6/4/2013 6/3/2013	
	National Electrical Co	De. 8.1.2	TUDO	me		NO DATE	

Any deficiency statement ending with an exteriol (*) denotes a deficiency which the institution may be excessed from correcting providing it is determined that other sanguards provide sufficient protection to the patients. (See alterections.) Except for curring homes, the indings stoled above are disclosuble to days following the date of survey whether or not a plant of correction is provided. For survey in the above the past of correction are disclosuble to days following the date these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF MEATH AND DIREAS OFFI HOSE

PRINTED: 08/24/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/BUPPLEN/CLIA ROBITP/CATION HUMBER:		A SUILDING D? - MAIN BUILDING BY			ANS NO. 0938-039 OEI) DATE SURVEY COMPLETED			
		E. WING_]				
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, 2P CODE 1715 N JACKSON ST TULLAHOMA, TN 37388					
(X4) IO PREFIX TAG	TX (GACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-PETERBHOUD TO THE APPROVIDER CROSS-PETERBHOUD TO THE APPROVIDER CROSS-PETERBHOUD TO THE APPROVIDER CROSS-PETERBHOUT TO THE APPROVIDER CROSS-PE	n Dee Rate	GONE CONTROL		
K 038	Exit access is errang accessible at all time 7.1. 19.2.1 This STANDARD is Based on observation determined the facilit doors. The finding included: Observation and test at 11:47 AM revealed the west wing adjace therton Hospital, and	ly failed to properly mark exit	K 034	Results of monthly door of egrees aud reported and reviewed by the Perform Improvement Committee which Include Executive Director, Medical Director, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Environmental Services, Director of Environmental Services, Director Maintenance Business Office Manager, Health Informance Improvement Coordination of Manager, and Staff Development Coordination of Manager,	ance es the director of acist, dal ector of ervices, nation			
K 147 SS=D	This finding was was director and acknowle administrator during to 5/20/19. NFPA 101 LIFE SAFE Electrical wiring and e with NFPA 70, Nation This STANDARD is no Based on observation facility failed to ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment is in according to the ensure equipment in the ensure equipment equipment equipment equipment equipment equipment equipment	verified by the maintenance or	1	K - 147 A. What corrective action(s) will be accomplished for those residents found been affected: 1) Between 6/4/13 and 6/10/13 the Direction Maintenance and Maintenance Assistant ensure power strips with oxygen concent plugged into them are removed from resi rooms 110, 229, 224, 232, 245, and 354. Between 6/4/13 and 6/10/13 the Director Maintenance and Maintenance Assistant upgrade wall outlets in resident rooms 11 229, 232, 245, and 354 for additional wall outlets to accommodate for oxygen concentrators and medical equipment.	ctor of will retors dent .2) of will 0.	6 /10/2013		

Any deficiency statement ending with an asturbit (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other subgrands provide sufficient probables to the petients. (See institutions) Except for ruraling homes, the Bridings stated above are disclosured to days following the date of survey whether or not a plan of correction is provided. For making homes, the above shadings and plans of correction are disclosured to days following the date these documents are made available to the facility. If definitioneds are clied, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 05/24/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OCI) PROMOER/SUPPLIER/CLIA IDENTIFICATION HUMBER:	A BUILDING OF - MAIN BUILDING OF		(A) CO	S) DATE SURVEY COMPLETED	
A45238 NAME OF PROVIDER OR SUPPLIES		B. WING.			06/20/2013		
LIFE CARE CENTER OF TULLAHONA				11	EET ADDRESS, CITY, STATE, ZIP CODE 115 N JACKSON ST ULLAHOMA, TN 97388		
(X4) ID PRÉFIX TAG	Summany Statement of Deficiences (Each Deficiency Must be preceded by Full Regulatory or LSC Identifying Information)		PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPRESENCED TO THE APPROPRIATE DEPOSENCY)		CATE DOI)
K 147	The finding included oxygen concentrates the following rooms: 354. This finding was was director and acknowledge.	_	K 14		K-147 Continued B. How will you identify other residents having the potential to be affected by the same deficient practice and what conaction will be taken? 1) On 6/4/13 the Director of Maintenance complete education with facility associate stating that power strips with not be used it resident rooms for medical equipment to include oxygen concentrators. C. What measures will be put into place owned systematic changes will you make to ensure that the deficient practice will not recur? 1) By 6/15/2013 Director of Maintenance of a complete inventory of whole facility to ensure that the deficient practice will not recur? 1) By 6/15/2013 Director of Maintenance of maintain substantial compliance, 2) Valintenance Directions will be made as an incompliance of practice of maintain substantial compliance. 2) Valintenance Director/Maintenance Assist will complete a weekly room-to-room audithine months to ensure power strips are in paling used for oxygen concentrators or maintain substantial compliance, 2) Valintenance Directions will be made as inserted. D. How will the corrective action(s) be nonlitored to ensure the deficient practice will not recur; i.e., what quality insurance program will be put into place.	will do nsure ectical eccted ant t for	6/4/2013

Charles Can library and a surface beautiful to the second): 05/24/2010 APPROVED
CENTERS FOR MEDICARE & NEDICARD SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (448238		O'() PROVIDENTING EDING		PLE CONSTRUCTION IS 01 - MAIN BUILDING 01	OMB NO), 0938-030 TE SURVEY MPLETED
		b. WING				
MAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1716 H JACKSON ST TULLAHOMA, TH S7388			
(X4) ID PREFIX TAG	Bunmary ST. (EACH DEFICIENC RESULATORY OR (ATEMENT OF DEPTORENCIES Y MUST BE PRECEDED BY PULL LSC IDENTIFYING (NFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION SM (BACH CORRECTIVE ACTION SM CROSS REFERENCED TO THE APP (DEFICIENCY)	CTION SULD BE ROPRIATE	COMPLETION DATE
K 147	oxygen concentrate the following rooms 354. This finding was we director and acknow		K 14	Results of weekly electrical power's will be reported and reviewed by the Performance Improvement Commit includes the Executive Director, Men Director, Director of Norsing, Director and Executive Director of Activities, Director of Social Service, Rehab S Manager, Director of Activities, Director Maintenance, Business Off Manager, Health Information Managestaff Development Coordinator in M Performance Improvement meeting corrections made as needed.	tee which dical or of Admissions, ervices ctor of inager, lice in the control of inager, and ionthly	6/27/2013
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